



ADVISORY COMMITTEE INTEREST FORM



Please check if this is an application for reappointment

This is an application for an ODOT Advisory Committee. You must be an Oregon resident to apply unless otherwise noted. Please contact the ODOT committee administrator for your particular committee if you have any questions.

Options to Return Application Packet:

Mail: _____, Oregon Department of Transportation, _____

Email a PDF to: _____@odot.oregon.gov

Note: This application is subject to the Public Records Act and may be disclosed upon request. Personal information will be redacted.

Committee Appointment Desired: (Please print or type)

(Committee Name)

(Position)

Is this committee Governor Appointed? Yes No

First Name: _____ MI: _____ Last Name: _____

Preferred Name: _____ (Ex. Thomas-> Tom) Title: (Mr. Ms. Dr.) _____ Suffix: (Jr., PhD) _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____ County (not USA): _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email Address: _____

Expertise/Special Skills: _____

To better assist us in meeting our equity goals and in alignment with HB 2985, we would appreciate information about your gender identity and background. On the following page you will be asked a series of questions. This information is optional and is used for data collection only. Under state and federal law, this information may not be used to discriminate against you. Thank you for your participation. If you prefer the following information be submitted anonymously, please use the following survey link: <https://www.surveymonkey.com/r/XLHYCCK>. Answers submitted via online survey will be collected by the Office of Social Equity.

Check here if you submitted responses for A-E via online survey

A. **Gender Identity:** Female Male Non-Binary Transgender
Other

B. **Race/Ethnicity** (Select One): American Indian/Alaska Native/Tribal Member Asian
Black/African American Native Hawaiian/Pacific Islander Hispanic/Latino/a/x
Multiracial/Multiethnic White/Caucasian

C. **Ability:** I identify as a person living with a developmental, psychological, learning, or physical disability. Yes No

D. **Language:** My native or first language is: _____

E. **Age:** Under 18 18-25 26-64 65 and over

I understand that I am entitled to payment for my expertise and experience being used to advise program, processes, policy, and projects. If I receive more than \$600 in total compensation during a calendar year, I understand that I will receive a 1099 Tax Form from ODOT Financial Services Office that I am responsible for submitting these taxed dollars alongside my annual tax filing. As such, I choose the following for my payment plan in alignment with HB 2992 and ODOT's Equitable Engagement Compensation Policy. Below please select ONE box that best describes your status on the committee.

_____ I am serving on this committee as a part of a job function for which I am being paid for by my employer.

_____ I will be serving on a Governor-Appointed Committee and have an adjusted gross income of \$50K a year or less filing single or \$100K a year or less filing jointly, so I wish to receive \$155 per diem for my service.

_____ I am currently on an ODOT appointed committee and wish to receive \$20 to \$30 per hour for my service, dependent upon qualifying for the Equitable Engagement Compensation Policy program criteria. Participants must not be receiving payment from any third party, including their employer for their time spent in an ODOT engagement activity.

_____ I would not like to be paid for my service on this committee.

By signing below, I certify that I understand the payment policy for my committee, and know that I may receive a 1099 Tax Form if my total compensation exceeds \$600 and certify that I am not being paid in any other way.

Signature

Date